TRAV	EL EX	PENSE CLAIM	ľ				nd Privac	T.								
STD. 262 (REV 10/92) Stateme. CLAIMANT'S NAME						nt on Reverse Side SSAN OR EMPLOYEE NUMBER DEPARTM					Page 1 of 1					
Will Fox											and the second s					
POSITION CB/ID NUMBER						DIVISION OR BUREAU GOVERN					or's Offic	INDEX NUM	BER			
Deputy Chief of Staff						Executive office										
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS						TELEPHONE	NUMBER			
3							State Capitol					l.				
CITY STATE ZIP							CITY STATE						ZIP			
						Sacramento				CA	CA 95814					
			ļr	MEALS			TR		RANSPORTAT	PORTATION						
MONTHLYER		LOCATION								CARFARE,			BUSINESS	TOTAL		
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	205445102			INCIDENTALS	COST OF		TOLLS,		CAR USE	EXPENSE	EXPENSES		
DATE	TIME	WERE INCORRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY		
02-May	6pm	Sac to LA						161.70	Air		45	/22.50		184.20		
02 Man		como						/						101.00		
02-May		same						57.00	Taxi	900		0.00		57.00		
03-May	2pm	LA to Sac								9.15.00	12	6.00		21,00		
														27,00		
												0.00		0.00		
												0.00		0.00		
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	20											0.00				
												0.00		0.00		
												0.00		0.00		
SUBTOTALS 0.00 0.00 0.00						0.00	0.00	218.70	0.00	15.00	57	28.50	0.00			
COLUMN		ACCTG. USE ONLY		91.03	A SECUL	15156	375-137	210.70	0.00	15.00	(G.0429)	20.30	0.00	3. 488841		
										-	-1	55	the second second			
		TOTAL					•				-56.00 - \$262.20					
		P, REMARKS AND				nen require	ed)				NORMAL V	VORK HOL	IRS			
Staff Go	vernor's	Meeting with May	or of Je	rusalem ii	n LA.					1						
													PRIVATE VEHICLE LICENSE NUMBER			
MILE												ILEAGE RATE CLAIMED				
0.:																
	1										AGENC	Y ACCOL	INTING O	FFICE		
I HEREBY C	ERTIFY, The	at the above is a true statem	nent of the tr	avel expenses	s incurred by	me in accord	dance with DF	A rules in th	e service of t	he State of		USE	NLY			
California If	a privately o	owned vehicle was used an	d if mileage i	exceeds the m	ninimum rate	, I certify the	cost of the op	erating the v	ehicle was e	qual to or	PAID BY	REVOLVING F	UND CHECK N	UMBER		
greater than	the rate clair	ned, and that I have met the	e requiremer	nts as prescrib	ed by SAM	Sections 075	0, 0751,0752,	0753 and 0	754	- 1	7	160	87	0		
COLUMN TO SERVICE STATE OF THE	vehicle safe	ty and seat belt usage										70	0/	1		
CLAIMAN DATE SIGNATURE OF OFFICE SPONTED TO PAYMENT													DATE			
					5/1	I_{in}							5/12	110		
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES																
	IGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES												DATE			
			<u> </u>													